



**KENTUCKY BOARD OF
EMERGENCY MEDICAL SERVICES**
COMMONWEALTH OF KENTUCKY
2545 LAWRENCEBURG ROAD
FRANKFORT, KENTUCKY 40601
PHONE: 502-564-8963
FAX: 502-564-4687



Student Testing Eligibility Form

This section to be completed by Lead Instructor only.

Social Security Number: _____ Birth Date: _____ Sex (M/F) _____

Name: _____
(Last Name) (First Name) (Middle Name)

Address: _____ City: _____ State: _____ Zip Code: _____

Course Number: ____ - ____ - ____ - ____ Lead Instructor: _____

Course Starting Date: _____ Course Ending Date: _____

Date student completed all clinical and field internship: _____

Attach the following:

Copy of CPR Card

Practical Skills results

Copy of H.S. Diploma or GED

Copy of ACLS Card (if Paramedic)

Copy of HIV/AIDS Class Certificate

Valid Drivers License

The above name student has successfully passed all requirements of the class listed above and therefore is eligible to begin testing for National Registry.

Signature of Lead Instructor _____ Date: _____